## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 9/2/02 2 Serial/Patent # 0//////			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal	_	//	\$
Petition	8	2/4/0	\$ /30
Issue		/ /	\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT \$		
	8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #:/		
Duplicate Payment	,011-2389		
No Fee Due (Explanation):			
For 1.181			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: TITLE FELLOWS HELD			
SIGNATURE: h PHONE: 13 308 01/1			
OFFICE: Centron			
**************************************			
APPROVED: Alle Kelly DATE: 9-1602			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B